

19.0.0 SPECIAL STATUS MA CASES

19.1.0 "503" Eligibility

Federal law requires that the Economic Support Agency (ESA) provide Medicaid (MA) eligibility to any applicant for whom the following two conditions exist:

1. S/he is receiving Old Age Survivors Disability Insurance (OASDI).
2. S/he was receiving Supplemental Security Income (SSI) **concurrently** with OASDI, but became ineligible for SSI.

Note: The notion "concurrent" includes situations in which OASDI eligibility is granted retroactively for months in which the person was also receiving SSI. On the other hand, "concurrent" does not include situations in which SSI eligibility is granted retroactively for a period in which the person was also receiving OASDI benefits.

Example. Elmo Tanner was receiving SSI in February, 1996, the month he had a disabling accident. In February, after the accident, he applied for OASDI. In April, 1996, SSA notified him that he had been determined disabled. The notice informed him that his OASDI eligibility extended back to the onset date of his disability in February, 1996. Along with the notice was a check for retroactive OASDI benefits back to the February date. The amount of the OASDI check made him immediately ineligible for SSI. There was no period of time when he was actually receiving both SSI and OASDI benefits at the same time. Nevertheless, Elmo meets the requirement of concurrently receiving both SSI and OASDI benefits from February through April. On the other hand, if Elmo had been receiving OASDI benefits, and was then granted retroactive SSI benefits for the same period, he would not meet the definition of "concurrent."

An assistance group (AG) with these two characteristics is often referred to as a "503" AG. The name comes from Section 503 of the Medicaid Law.

19.1.1 Identifying a "503" AG

When a "503" AG applies for MA, disregard all OASDI COLAs the AG has received since the **last** month s/he was eligible for and received both OASDI and SSI benefits.

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19.1.1 Identifying a "503" AG (cont.)

To identify a "503" AG, do the following:

1. Ask him/her whether, after April 1977, there has ever been a month in which one of the following conditions existed:
 - a. Was eligible for both OASDI and SSI, **or**
 - b. Received an OASDI check or a retroactive OASDI check and a SSI check for the same month in which s/he was eligible for both OASDI (or retroactive OASDI) and SSI.

If s/he says "no", s/he is not a "503" AG. If s/he says "yes" and is no longer receiving SSI, do the following:

2. Ask if s/he is now receiving an OASDI check. If s/he is not, s/he is not a "503" AG. If s/he is, s/he is a "503" AG. Enter "Y" on screen ANPS. S/he will receive a COLA disregard.

If s/he was receiving SSI-E, the state SSI-E Supplement (30.5.0) will also be deducted.

SSI-E AGs are SSI recipients who receive a higher state supplement than regular SSI. Persons who receive SSI-E payments must live:

- a. In substitute care of eight or fewer beds, **or**
- b. At home and need more than 40 hours a month of primary long term support services.

19.1.2 Calculating the COLA Disregard

To calculate the Cost-of-Living Adjustment (COLA) disregard amount, do the following:

1. Find the AG's current gross OASDI income. The gross OASDI income is the amount of the OASDI check **plus** any amount that has been withheld for a Medicare premium **plus** any amount withheld to repay an earlier overpayment.

Do not include in the gross income any Medicare Plan B premiums, which the State has paid for the AG.

2. On the COLA Disregard Amount Table (30.7.0) find the last month in which the person was eligible for and

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19.1.2 Calculating the COLA Disregard (cont.)

received a check for both OASDI (or retroactive OASDI) and SSI.

3. Find the decimal figure that applies to this month.
4. Multiply the person's current gross OASDI income by the applicable decimal figure. The result is the COLA disregard amount.

Example. Newby's current gross OASDI income is \$700. He is not currently receiving SSI benefits. The last month in which he was eligible for both OASDI and SSI, and received benefits from both was April 1991. On the COLA Disregard Amount Table (30.7.0), April 1991 falls between January 1991 - December 1991.

Therefore, the decimal figure that applies to April 1991 is 0.262741. Multiply $0.262741 \times \$700$ to find Newby's COLA disregard amount.

Periods of MA ineligibility do not affect this disregard. When the person reapplies, give the disregard again.

19.2.0 Disabled Adult Child (DAC)

A Disabled Adult Child (DAC) is:

1. At least 18 years old.
2. Classified by the Social Security Administration as disabled before age 22.
3. Receives an OASDI (DAC) payment that is based on the earnings of a parent who is disabled, retired, or deceased.
4. Was receiving SSI, but lost SSI eligibility because the OASDI (DAC) payment exceeded the SSI income limits.

19.2.1 DAC Payment Disregard

When a Disabled Adult Child applies for MA, disregard all OASDI (DAC) payments which caused him/her to lose SSI eligibility.

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19.2.1 DAC Payment Disregard (cont.)

Example. George is an SSI recipient. While his father works, George receives a monthly SSI payment of \$553.78. When his father retires and begins receiving \$1000 a month in social security, George begins receiving an OASDI (DAC) payment of \$500 a month (50% of his father's social security payment). His monthly check is \$573.78 (\$500 DAC + \$53.78 SSI + \$20 SSI unearned income disregard).

When George's father dies, George begins receiving a DAC payment of \$750 a month (75% of his father's social security payment). This puts him over the SSI income limit (\$553.78 + \$20 unearned income disregard = \$573.78). He loses SSI.

When he applies for EBD MA, disregard the total increase of \$250 (\$750 - \$500 = \$250).

Periods of MA ineligibility do not affect this disregard. When the person reapplies, give the disregard to him/her again.

19.2.2 COLA Disregard

When a Disabled Adult Child applies for MA, disregard all OASDI COLAs since the last month s/he was eligible for and received both OASDI and SSI benefits. Calculate the COLA disregard amount (19.1.2).

If the Disabled Adult Child was receiving SSI-E, disregard both the state SSI-E Supplement (30.5.0) and the COLA.

Periods of MA ineligibility do not affect this disregard. When the person reapplies, give the disregard to him/her again.

19.3.0 Widows & Widowers

A widow or widower who lost SSI remains eligible for MA if s/he meets **all** of these conditions:

1. Disabled.
2. Age 50 or older.
3. Either:
 - a. Married to the deceased person at time of his/her death, **or**
 - b. Married to deceased at least ten years, divorced from him/her, and now unmarried.

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19.3.0 Widows & Widowers (cont.)

4. Receiving OASDI benefits as widow or widower (Section 202, Title II, Social Security Act).
5. Received SSI or a State Supplementary Payment (SSP) (30.5.0) in the month before the month in which s/he began to receive OASDI payments.
6. Became ineligible for SSI or SSP.
7. Would be eligible for SSI or SSP except for the receipt of the OASDI payment. Disregard the entire OASDI amount.
8. Not entitled to Medicare Part A.

19.4.0 MA Deductible, Cost of Care

When you are calculating a MA deductible, a patient liability amount, a community waivers cost share or a community waivers spenddown for a "503" AG, a DAC, or a widow or widower, use the total income before any COLAs or OASDI (DAC or widow/widower) increases were subtracted.

19.5.0 1619 Cases

Section 1619 of the Social Security Act applies to severely impaired persons who work. If they would be ineligible for SSI because of their earnings, they keep their SSI MA eligibility.

1619(a) - They are working individuals who continue to receive a small SSI check. They retain SSI MA eligibility.

1619(b) - They are working individuals who do not receive a SSI check but are still eligible for SSI MA. For the COLA disregard determination, use the date cash payments ended.

To determine the person's SSI status, contact the local Social Security Office. Social Security processes MA eligibility for these clients.

The SSI benefits of a 1619 person entering an institution continue for up to two months.

If a client loses 1619 status, but also is a widow/widower, DAC, or 503, s/he is entitled to all disregards that are

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19.5.0 1619 Cases (cont.)

appropriate for these special status cases when determining eligibility. Losing 1619 status is considered the same as losing SSI eligibility.

19.6.0 Katie Beckett

The Katie Beckett program tests qualified blind and/or disabled minors for MA. It does not deem assets and income from the natural or adoptive parents.

To qualify under the Katie Beckett program a blind or disabled minor:

1. Must require a level of care provided in a hospital, Skilled Nursing Facility (SNF), or Intermediate Care Facility (ICF), **and**
2. Can appropriately receive this care in his/her home, **and**
3. Would be non-financially eligible for MA if s/he were in a hospital, SNF, or ICF.

If a minor child meets these requirements and if the parent wants him/her to remain in the home, contact:

Katie Beckett Program
Division of Supportive Living Services
Bureau of Developmental Disabilities
1 West Wilson Street, Room 418
Madison, WI 53707
Telephone (608) 266-3236

19.7.0 Tuberculosis

MA applicants who are infected with tuberculosis (TB) are non-financially eligible for TB-related MA services.

19.7.1 Non-Financial Requirements

Consider these persons to be in a special category of MA. They are non-financially eligible for TB-related MA if they are infected with TB, even if they are not blind, disabled, or over age 65. "Infected with TB" means that a physician has examined them and found that one or more of the following diagnoses apply to them:

1. Infected with latent or active TB.
2. Positive TB skin test.

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19.7.1 Non-Financial Requirements (cont.)

3. Negative TB skin test, but a positive sputum culture for the TB organism.
4. Negative test for TB, but a physician certifies that they require TB-related drug therapy or surgical therapy or both.
5. A physician certifies that they require testing to confirm the presence or absence of TB.

Accept the client's statement that they have one or more of the above conditions unless the information provided is questionable (37.0.0). If questionable, accept any of the following as verification:

1. A physician's or registered nurse's written confirmation that the person has one or more of the above conditions.
2. Wisconsin Tuberculosis Record (Form DPH 4756). This card identifies the person and the physician's diagnosis, and has on it the name and telephone number of the treatment provider.

19.7.2 Financial Tests

Assets. The asset limit for one person is \$2,000. Count assets the same as for other EBD AGs.

Income. The income limit for one person is \$1,189. This is gross income. There is no net income test.

Deductible. TB-related AGs which fail the TB-related gross income test cannot become eligible for a MA deductible.

If more than one person in the AG is TB-infected, test each person as a single individual with his/her own fiscal test group. Do not deem assets or income from any other member of the AG.

Example. Mary and her spouse George are both applying for TB-related MA. Test Mary and George as separate fiscal test groups. Do not deem assets or income from Mary to George or from George to Mary. Test Mary's assets against the asset limit. Test her income against the income limit for one person. Test George's assets against the asset limit. Test his income against the income limit for one person.

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19.7.2 Financial Tests (cont.)

Example. There are three children in the Kraan family. All of the children have TB. Consider each child to be a separate fiscal test group. Test each child using only his/her own assets and income. Each child's assets do not exceed the asset limit (19.7.2). Each child's income limit does not exceed the income limit (19.7.2). Do not deem assets or income from the child's parents or from any of his/her siblings.

If only one person in the AG is TB-infected, and that person is a:

1. TB-infected minor or 18-year-old.

Test him/her in the Disabled Minor Unit. Add the parents' deemed assets and income to the minor or 18-year-old's assets and income. Test him/her against the asset limit and the gross income limit.

2. TB-infected adult with assets/income, and spouse with no assets/income.

Test the TB-infected adult's assets/income against the asset limit and the gross income limit.

3. TB-infected adult with assets/income, and spouse with assets/income.

Use the EBD-Related Determination Worksheet (WKST 06) to determine the spouse's assets and net income. Add these totals to the TB-infected person's assets and gross income. Compare this total to the asset limit and the gross income limit.

4. TB-infected adult with no assets/income, and spouse with assets/income.

Use the WKST 06 to determine the spouse's assets and net income. Compare these results to the asset limit and the gross income limit.

When using the WKST 06, disregard items 16-18. Replace item 19 with the TB-related income limit. Disregard item 20.

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19.7.3 TB-Related Services

Persons who become eligible for TB-related MA receive a MA card that identifies them as eligible for only the following MA services:

1. Prescribed drugs.
2. Physicians' services.
3. Laboratory and X-ray services, including services to diagnose and confirm the presence of infection.
4. Clinic services and federally qualified health care (FQHC) services.
5. Targeted case management services.
6. Services, other than room and board, designed to encourage completion of regimens of prescribed drugs by outpatients.
7. Services that are necessary as a result of the side effects of prescribed drugs for TB treatment.

19.7.4 QMB, SLMB and QDWI

QMB, SLMB, and QDWI recipients do not automatically qualify for TB-related MA services. If they are eligible for EBD or Family MA, they can receive TB-related services under regular MA.

19.7.5 Aliens

TB-related services are included among emergency services for persons who do not meet citizenship requirements (2.2.0).

19.7.6 Processing

Determine TB-related AGs manually in the following way:

1. Determine MA eligibility for all other subprograms in CARES. **Do not confirm** unless there is eligibility for a category of MA that is not QMB, SLMB, or QDWI.

If there is only QMB, SLMB, or QDWI eligibility, test the person against the TB-related financial tests. Complete and return a 3070 to EDS:

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19.7.6 Processing (cont.)

- Mail: EDS
P.O. Box 7636
Madison, WI 53707
 - E-mail: eds_3070@dhfs.state.wi.us
 - Fax: (608) 221-8815
2. If the client is eligible, certify him/her with a manual 3070 form, medical status code of TR. Confirm all denials in CARES and allow the CARES generated notices to be sent. Send him/her a manual positive notice with the effective date of his/her eligibility for TB-related services.
 3. If the person is not eligible for any MA subprograms, including TB-related MA, confirm all denials in CARES and allow the CARES generated notices to be sent. Send him/her a manual negative notice indicating that s/he is not eligible for TB-related MA.

19.8.0 Migrant Workers

“Migrant worker” means any person who temporarily leaves a principal place of residence outside of Wisconsin and comes to Wisconsin for not more than ten months in a year to accept seasonal employment in the planting, cultivating, raising, harvesting, handling, drying, packing, packaging, processing, freezing, grading or storing of any agricultural or horticultural commodity in its unmanufactured state.
“Migrant worker” does not include any of the following:

1. A person who is employed only by a state resident if the resident or the resident’s spouse is related to the person as the child, parent, grandchild, grandparent, brother, sister, aunt, uncle, niece, nephew, or the spouse of any such relative.
2. A student who is enrolled or, during the past six months has been enrolled, in any school, college or university unless the student is a member of a family or household which contains a migrant worker.

A migrant family includes the adults, including non-marital co-parents, and their dependent children living in the migrant household.

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19.8.1 Simplified Application

Use the following simplified application procedure to determine MA eligibility for migrant workers and their families who have come into Wisconsin and who:

1. a. Have current MA eligibility from another state. (“Current MA eligibility” means eligibility that includes at least months one and two of the application process.)

b. Or had MA eligibility in Wisconsin that was certified through months one and two of the application and that ended only because the family left Wisconsin.
2. And have the same members or fewer in the case as there were when the case had eligibility in the other state.

The simplified application procedure is as follows:

1. For clients with current MA eligibility from another state, verify the eligibility and the end date. Accomplish the verification by copying the out-of-state MA card or by contacting the other state.
2. For clients previously eligible in Wisconsin find the CARES closure code and review date.
3. Ask if the same members, or fewer, are in the case compared to when the group was eligible in the other state.
4. Collect all non-financial information.
5. Do not collect any financial information.
6. Certify MA benefits for the migrant family.

Example. A migrant family consisting of dad, mom, and their three children comes to Wisconsin. On September 3, 2001, dad applies for MA in Wisconsin for himself and his family.

The family has current MA eligibility from Texas. That is, eligibility extends beyond application months one and two.

The household composition of five members is the same as listed on the MA card.

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19.8.1 Simplified Application (cont.)

The fulfillment of these two conditions indicates that the case should be processed with the simplified application procedure.

The ES enters non-financial information into CARES, and completes the asset and income screens by answering “N” to all of the financial questions. S/he also makes sure to answer “Y” to the migrant question on ANDC for all family members.

CARES passes the case for MAOU eligibility with \$0 assets and \$0 income. The eligibility end date from Texas is November 30, 2001. The ES changes the review date on AGECE to November 30, 2001, to coincide with the end date from Texas.

Example. The same migrant family comes in for the November 2001 review. Verify **all** mandatory and questionable verification items. The family is determined eligible through October 31, 2001.

The family leaves Wisconsin in December, 2001. MA closes for failure to reside in the state. In March 2001, the family returns. There have been no non-financial changes and no changes in household composition. The family should be processed with the simplified application procedure because their case closed only for failure to reside in Wisconsin.

19.8.2 Regular Application

If migrant workers and their families have no current MA eligibility, or if there are additional family members who were not eligible in the prior state of residence, process the case as a regular MA application, with the following exception:

Use annualized earned income. “Annualized earned income” is a prospective monthly estimate of earned income based on the estimated total gross annual earnings divided by 12. Annualized income can be based on the past 12 months of the migrant family’s income if it is anticipated that last year’s income is the best estimate of the current year’s prospective income.

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19.8.3 Reviews

Offer the following three review choices for migrant families:

1. Mail.
2. Phone.
3. Face-to-face interview.

Income is always annualized.

See Appendix 29.0.0 for information on reviews.

19.8.3.1 Simplified Application

For migrant families that have been certified through the migrant simplified application process, the first review coincides with the date out-of-state eligibility ends. The next review is 12 months from the first review.

19.8.3.2 Regular Application

For migrant families that have been certified through the regular application process, the first review is 12 months from the month of application.

19.9.0 Presumptive Eligibility

Presumptive eligibility (PE) means a pregnant U.S. citizen is eligible for ambulatory prenatal care under MA, beginning on the day that a qualified provider:

1. Medically verifies the pregnancy.
2. Determines that the woman's family income does not exceed the PE income limit.

The provider should refer non-citizens to the Economic Support Agency (ESA) for a MA eligibility determination. Qualified providers are certified under a contract with the Division of Health Care Financing (DHCF). A qualified provider will determine if a pregnant woman is presumptively eligible for MA. If she is, the qualified provider will:

1. Complete and sign the Medicaid Presumptive Eligibility Application for Pregnant Women (HCF 1043).
2. Fill out the temporary MA ID card at the bottom of the application form. The certification dates will be from the date PE is determined through the end of the month after the month in which the determination is made.

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19.9.0 Presumptive Eligibility (cont.)

3. Give the woman a temporary MA ID card.
4. Explain that the duration of her PE period depends on when she applies for MA at her ESA.
 - a. If she applies for MA by the end of the month following the month in which she became eligible for PE, the PE period ends the day on which the agency completes processing her application.
 - b. If she does not apply by the end of the month following the month in which she became eligible for PE, the PE period ends the last day of the month following the month in which she was determined eligible for PE.
5. Send a copy of the completed application form to EDS and the ESA within five days.

19.9.1 At the ESA

If the woman applies for MA at the ESA on or before the last day of her PE period:

1. Verify she is presumptively eligible by checking her temporary MA ID card.
2. Assist her in filing the application. Consider the application filed if her name, address and signature are on the application.
3. If you are unable to finish processing her application by the end of her PE period, extend her PE period for an additional calendar month. Do the following:
 - a. After the "PE Extension" on the temporary MA card, write a date that is 30 days after the "Thru" date.
 - b. Stamp or write your agency's ID number and name on the temporary MA ID card. Return the card to the woman.

19.9.2 Certifying PE

Presumptive Eligibility is not on the CARES system. If the woman is found eligible for MA, complete a Medicaid/BadgerCare Certification form (DES 3070) and send to EDS. The medical status code is "PE" for categorically

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19.9.2 Certifying PE (cont.)

needy, "P2" for medically needy. Enter the extended date of PE.

If s/he is found not eligible for MA, complete a negative notice (DES 2051). Check box three and complete the sentence to read: "Your presumptive MA benefits will be stopped effective (write in date)". Under "Explanation of Action," write the reason MA is being denied.

Mail one copy to the woman and one to the qualified provider. Complete a Medicaid/BadgerCare Certification form (DES 3070), indicating the MA end date, and send to EDS.

If the woman does not apply for MA, or applies after the end of the month following the month in which she was determined eligible for PE, her PE ends with no extension. Sending a negative notice is not necessary. If she applies after the end of the month following the month she was determined eligible, process the application as you would a standard MA application.

19.9.3 Assets and Income

PE has no asset limit. The categorically needy limit is 133% of the FPL and medically needy income limit is 185% of the FPL. See 30.6.0.